

BETHEL HOME

225 N EAGLE ST

OSHKOSH

54902

Phone:(920) 235-4653

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 200

Total Licensed Bed Capacity (12/31/04): 200

Number of Residents on 12/31/04: 187

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 191

Non-Profit Corporation

Skilled

Yes

Yes

Yes

191

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.4
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		40.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.5	Under 65	0.5	More Than 4 Years		21.9
Day Services	No	Mental Illness (Org./Psy)	36.4	65 - 74	3.7			-----
Respite Care	No	Mental Illness (Other)	7.5	75 - 84	24.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	61.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	10.2	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	3.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	7.5		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	12.3	65 & Over	99.5	-----		
Transportation	No	Cerebrovascular	11.8		-----	RNs		12.9
Referral Service	No	Diabetes	0.5	Gender	%	LPNs		4.5
Other Services	Yes	Respiratory	6.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	11.8	Male	18.2	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	81.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	4	20.0	314	5	5.4	141	0	0.0	0	2	2.7	220	0	0.0	0	0	0.0	0	11	5.9	
Skilled Care	16	80.0	314	86	93.5	120	0	0.0	0	70	93.3	193	0	0.0	0	0	0.0	0	172	92.0	
Intermediate	---	---	---	1	1.1	100	0	0.0	0	3	4.0	175	0	0.0	0	0	0.0	0	4	2.1	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	20	100.0		92	100.0		0	0.0		75	100.0		0	0.0		0	0.0		187	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	6.8	Bathing	0.0	71.1	28.9	187
Other Nursing Homes	0.8	Dressing	9.1	73.8	17.1	187
Acute Care Hospitals	89.2	Transferring	17.1	59.4	23.5	187
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	15.5	63.1	21.4	187
Rehabilitation Hospitals	0.0	Eating	40.1	55.6	4.3	187
Other Locations	3.2	*****				
Total Number of Admissions	251	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	7.0		Receiving Respiratory Care	11.2
Private Home/No Home Health	34.0	Occ/Freq. Incontinent of Bladder	56.1		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	10.5	Occ/Freq. Incontinent of Bowel	32.6		Receiving Suctioning	0.0
Other Nursing Homes	2.7				Receiving Ostomy Care	4.3
Acute Care Hospitals	10.9	Mobility			Receiving Tube Feeding	1.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	5.9		Receiving Mechanically Altered Diets	23.5
Rehabilitation Hospitals	0.0					
Other Locations	11.3	Skin Care			Other Resident Characteristics	
Deaths	30.5	With Pressure Sores	3.7		Have Advance Directives	89.3
Total Number of Discharges		With Rashes	18.2		Medications	
(Including Deaths)	256				Receiving Psychoactive Drugs	55.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 200+ %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.5	92.7	1.03	97.9	0.98	90.5	1.06	88.8	1.08
Current Residents from In-County	94.7	84.6	1.12	83.3	1.14	82.4	1.15	77.4	1.22
Admissions from In-County, Still Residing	27.1	20.5	1.32	26.7	1.01	20.0	1.36	19.4	1.40
Admissions/Average Daily Census	131.4	153.0	0.86	76.8	1.71	156.2	0.84	146.5	0.90
Discharges/Average Daily Census	134.0	153.6	0.87	87.5	1.53	158.4	0.85	148.0	0.91
Discharges To Private Residence/Average Daily Census	59.7	74.7	0.80	34.1	1.75	72.4	0.82	66.9	0.89
Residents Receiving Skilled Care	97.9	96.9	1.01	87.3	1.12	94.7	1.03	89.9	1.09
Residents Aged 65 and Older	99.5	96.0	1.04	86.6	1.15	91.8	1.08	87.9	1.13
Title 19 (Medicaid) Funded Residents	49.2	54.6	0.90	72.7	0.68	62.7	0.79	66.1	0.74
Private Pay Funded Residents	40.1	32.6	1.23	19.2	2.09	23.3	1.73	20.6	1.95
Developmentally Disabled Residents	0.5	0.5	1.10	2.7	0.20	1.1	0.48	6.0	0.09
Mentally Ill Residents	43.9	37.4	1.17	49.5	0.89	37.3	1.18	33.6	1.30
General Medical Service Residents	11.8	20.2	0.58	20.2	0.58	20.4	0.58	21.1	0.56
Impaired ADL (Mean)	51.4	50.1	1.03	50.0	1.03	48.8	1.05	49.4	1.04
Psychological Problems	55.6	58.4	0.95	65.9	0.84	59.4	0.94	57.7	0.96
Nursing Care Required (Mean)	7.8	7.0	1.12	8.0	0.97	6.9	1.13	7.4	1.04